

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
SECURITIES DIVISION
CHARITABLE ORGANIZATIONS SECTION
233 RICHMOND STREET, SUITE 232
PROVIDENCE, RI 02903-4232

APPLICATION FOR PROFESSIONAL SOLICITOR

THIS FORM MUST BE TYPED

1. NAME: _____

2. DATE OF BIRTH: _____

3. SSN: _____

4. ADDRESS: _____
(Street)

(City)

(State)

(ZIP Code)

5. HAVE YOU EVER BEEN CONVICTED OF OR PLED NOLO CONTENDERE ("NO CONTEST") TO ANY FELONY OR CURRENTLY HAVE YOU A PENDING FELONY CHARGE AGAINST YOU? _____. YES, EXPLAIN FULLY.

6. NAME OF EMPLOYING FUND-RAISER: _____

7. PLEASE INCLUDE A COPY OF YOUR BACKGROUND CRIMINAL INVESTIGATION FROM YOUR STATE OF RESIDENCE WITH YOUR APPLICATION.

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THIS APPLICATION AND KNOW THAT ALL STATEMENTS THEREIN ARE TRUE.

PRINT NAME AND TITLE: _____

SIGNATURE: _____ DATE: _____